

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-017609

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

317
FILED MAY 9 1962

500

1333

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK

OR
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JEFFERSON BARRACKS, MO.		c. CITY OR TOWN CLAYTON ST. LOUIS	
Length of stay in 1b 244 DAYS		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL		d. STREET ADDRESS (If outside, give location) 7556 PARKDALE	
3. NAME OF DECEASED (Type or print) First MYER Middle SEELIG Last STEIN		4. DATE OF DEATH Month 4 Day 29 Year 1962	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-17-1890
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALESMAN		10b. KIND OF BUSINESS OR INDUSTRY SENGLE-JACOBS, INC	
13a. FATHER'S NAME JOSEPH A. STEIN		13b. MOTHER'S MAIDEN NAME MINCE ETIMAN	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW-I		17. INFORMANT Address HELEN L. STEIN 7556 PARKDALE ST. LOUIS, MO.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CEREBRAL HEMORRHAGE DUE TO (b) ESSENTIAL HYPERTENSION DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH 3 DAYS 5 YEARS	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) DIABETES MELLITUS		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____	
21. Attended the deceased from 8-28-61 to 4-29-62 Death occurred at 10:50 PM m on the date stated above, and to the best of my knowledge, from the causes stated.		XXXXXX and last saw him alive on	
22a. SIGNATURE W. Oppler, Chief of Staff (Degree or title) M.D.		22b. ADDRESS VA HOSP. JEFF. BRKS., MO.	
22c. DATE SIGNED 4-30-62		22d. NAME OF CEMETERY OR CREMATORY Mt. Sinai Cemetery	
22e. LOCATION (City, town, or county) St. Louis County, Mo.		22f. DATE RECD. BY LOCAL REG. 4-30-62	
22g. REGISTRAR'S SIGNATURE John B. Murphy M.D.		22h. FURNERIAL DIRECTOR Herman Rindskopf, Inc. 5216 Delmar	
22i. DATE 5/1/62		22j. REMOVAL (Specify) Burial	

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMERALD

I hereby certify that _____ whose name is recorded on the reverse side of this certificate was admitted to _____

or by _____, Student Embalmer No. _____

working under my personal

Student _____
Signature _____

Robert B. Dubois

Licensed Embalmer No. 3691

P. O. Address 57 Ind. MD

Note: The above _____ NED BY THE LICENSED EMBALMER _____ OWN HAND WRITING. (Failure to comply with the above constitutes _____ invocation of license).
If performed by a _____ also shall sign in his _____ handwriting.
If this body is not _____ it should be so stated on the _____.